

Name of Party or Representative

Address _____

Telephone _____

☐ Claimant or ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____ ,)	AB No.: _____
Claimant,)	
)	DCD No.: _____
vs.)	
)	Accident Date: _____
)	
_____ ,)	
Employer,)	
)	
and)	
)	
)	
_____ ,)	
Insurance Carrier.)	
_____)	

INITIAL CONFERENCE STATEMENT OF

_____ hereby submits the following Initial Conference
Statement in accordance with the Notice of Initial Conference dated _____ for
purposes of an initial conference scheduled on _____ at _____.

STATEMENT OF ISSUES

(Please attach additional sheets if necessary)

WITNESSES

(Please attach additional sheets if necessary)

_____ designates as witnesses the following individuals or physicians:

ESTIMATED LENGTH OF HEARING

It is anticipated that _____ hours will be necessary to present _____'s
case-in-chief.

Dated: _____

Signed: _____